Case 20-21357-SLM Doc 23 Filed 01/04/21 Entered 01/04/21 10:20:50 Desc Main Document Page 1 of 8

| Fill in this information to identify your case: | | | | | | |
|---|-----------------|------------------------|-----------|--|--|--|
| Debtor 1 | Edgar T. Aranez | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | | | | |
| Case number | 20-21357 | | | | | |
| , | | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets | | |
|-----|--|--------------|-------------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 301,500.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 19,478.33 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 320,978.33 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 248,665.43 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 3,849.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 69,537.53 |
| | Your total liabilities | \$ | 322,051.96 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,977.11 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,285.17 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other scl | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a nersonal | family or |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Edgar T. Aranez Case number (if known) 20-21357

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______4,895.73

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 3,849.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 46,150.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 49,999.00 |

| Fill in this informat | ion to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Edgar T. Aranez | |
| Debtor 2 (Spouse, if filing) | | |
| United States Ban | kruptcy Court for the: DISTRICT OF NEW JERSEY | |
| Case number (If known) | 20-21357 | Check if this is: ■ An amended filing |
| | | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo | <u>rm 106l</u> | MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Fill in your employment information. | | Debtor | 1 | Debtor 2 or non-filing spouse |
|--|----------------------|--------|----------------------------|-------------------------------------|
| If you have more than one job, | Employment status | ■ Emp | oloyed | ■ Employed |
| attach a separate page with information about additional | Employment status | ☐ Not | employed | ☐ Not employed |
| employers. | Occupation | Licens | sed Cytology Technician | Program Assistant |
| Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. | Employer's name | Quest | Diagnostics Inc | William Paterson University |
| | Employer's address | | colm Ave ooro, NJ 07601 | 300 Pompton Road Wayne, NJ 07470 |
| | How long employed th | nere? | July 2020 - Current | November 2015 - Current |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | | | | For Debtor 1 | | Debtor 2 or filing spouse |
|----|--|----|------|--------------|-----|---------------------------|
| 2. | List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$_ | 4,363.88 | \$ | 3,796.39 |
| 3. | Estimate and list monthly overtime pay. | 3. | +\$_ | 0.00 | +\$ | 0.00 |
| 4. | Calculate gross Income. Add line 2 + line 3. | 4. | \$_ | 4,363.88 | \$_ | 3,796.39 |

Official Form 106l Schedule I: Your Income page 1

| Debt | or 1 | Edgar T. Aranez | | Case r | number (if known) | 20-21 | 357 | |
|------|------|--|-----------|-----------|-------------------|------------|--------------------------|-----------------------|
| | | | | | | | | |
| | | | | For | Debtor 1 | | ebtor 2 or | |
| | Cor | by line 4 here | 4. | \$ | 4,363.88 | \$ | iling spouse 3.796.39 | |
| | OOL | y line 4 nere | ٦. | Ψ | 4,303.00 | Ψ | 3,790.39 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 694.87 | \$ | 590.68 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: Dental Expense Plan - Pre Tax | _ 5h.⊣ | · - | | + \$ | 64.29 | |
| | | Pers Pension - Full Time | _ | \$ | 0.00 | \$ | 290.59 | |
| | | Unity/NJ Direct Plan - 12 Mon | _ | \$ | 0.00 | \$ | 133.38 | |
| | | Unreimbursed Medical Tax\$ave | _ | \$ | 0.00 | \$ | 153.94 | |
| | | PERS Life Insirance - 12mo/EE | _ | \$ | 0.00 | \$ | 19.37 | |
| | | Union Dues - CWA | _ | \$ | 0.00 | \$ | 43.77 | |
| | | Dentatl/Healthcare Account | _ | \$ | 192.27 | \$ | 0.00 | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 887.14 | \$ | 1,296.02 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,476.74 | \$ | 2,500.37 | |
| 8. | List | all other income regularly received: | | | | | | |
| | 8a. | Net income from rental property and from operating a business, | | | | | | |
| | | profession, or farm | | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | · — | | · — | | |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive | | * | | · — | | |
| | ··· | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | |
| | | Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | - \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| | | | | | | | | 1 |
| 10. | | | 10. \$ | 3 | 3,476.74 + \$ | 2,50 | 00.37 = \$ | 5,977.11 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | |
| 11. | | te all other regular contributions to the expenses that you list in Schedule | | | | | | |
| | | ude contributions from an unmarried partner, members of your household, your | depen | dents, | your roommates | s, and | | |
| | | er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | wailak | olo to na | av avnancae liet | od in Sa | bodulo I | |
| | | cify: | avallat | ле то ра | ay expenses list | leu III 30 | 11. + \$ | 0.00 |
| | | | | | | | | 0.00 |
| 12. | Add | I the amount in the last column of line 10 to the amount in line 11. The resi | ult is th | ne com | bined monthly in | ncome. | | |
| | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | 40 6 | 5,977.11 |
| | арр | lies | | | | | 12. \$ | J, J [].[] |
| | | | | | | | Combin | ed |
| 40 | _ | and the second s | • | | | | monthly | income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form' No. | ' | | | | | |

Von Eynle

Yes. Explain: Dental and Healthcare Account deductions begin for the Debtor in January, 2021, which is accountd for on Schedule I. 401k deductions also start for the Debtor in January, 2021, which is not

yet accounted for.

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Debtor 1 Edgar T. Aranez Case number (if known) 20-21357

Official Form 106I Schedule I: Your Income page 3

| Fill | in this informa | tion to identify yo | our case: | | | I | | |
|-----------|--------------------------|---|--------------|--|--|----------------------|-------------------|--|
| | tor 1 | Edgar T. Ara | | | | Che | ck if this is: | |
| Deh | tor 2 | | | | | _ | An amended filing | wing postpetition chapter |
| 1 | ouse, if filing) | | | | | | | the following date: |
| Unit | ed States Bankr | uptcy Court for the | : DISTRI | CT OF NEW JERSEY | | | MM / DD / YYYY | |
| 1 | e number 20 |)-21357 | | | | | | |
| (11 10 | | | | | | | | |
| | | rm 106J | | | | | | |
| | | J: Your | | | | | | 12/15 |
| info | ormation. If m | | eded, atta | . If two married people a nch another sheet to this n. | | | | |
| Par 1. | t 1: Descr | ibe Your House | hold | | | | | |
| | ■ No. Go to | line 2. | in a separ | ate household? | | | | |
| | □ N | 0 | | ial Form 106J-2, <i>Expense</i> | s for Separate House | e <i>hold</i> of Deb | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list De Debtor 2. | - | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | 11 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | Son | | 19 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| 2 | Do your own | oncoc includo | _ | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other t d your depende | han 🦳 | No Yes | | | | |
| exp | imate your ex | | our bankr | uptcy filing date unless | | | | apter 13 case to report of the form and fill in the |
| the | | n assistance an | | government assistance cluded it on Schedule I: | | | Your exp | enses |
| • | | • | | | | | | |
| 4. | | or home owners and any rent for the | | nses for your residence. or lot. | Include first mortgag | e 4. \$ | \$ | 1,983.30 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. S | \$ | 0.00 |
| | 4b. Prope | rty, homeowner's | s, or renter | 's insurance | | 4b. \$ | \$ | 0.00 |
| | | | | upkeep expenses | | 4c. \$ | · | 200.00 |
| _ | | owner's associat | | | | 4d. \$ | \$ | 0.00 |
| 5 | Additional n | nortaage navm | ante for w | our residence , such as h | ame equity loans | 5 9 | % | 0.00 |

| 6. Utilities: 6a. Electricity, heat, natural gas 6a. \$ 189.0 6b. Water, sewer, garbage collection 6b. \$ 85.0 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 302.0 6d. Other. Specify: 6d. \$ 0.0 7. Food and housekeeping supplies 7. \$ 1,018.0 8. Childcare and children's education costs 8. \$ 55.0 9. Clothing, laundry, and dry cleaning 9. \$ 251.0 10. Personal care products and services 10. \$ 88.0 11. Medical and dental expenses 11. \$ 224.0 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 250.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 53.0 15. Insurance. 15a. \$ 0.0 15b. Health insurance 15a. \$ 0.0 15c. Vehicle insurance 15c. \$ 350.0 15d. < |
|---|
| 6a. Electricity, heat, natural gas 6a. \$ 189.0 6b. Water, sewer, garbage collection 6b. \$ 85.0 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 302.0 6d. Other. Specify: 6d. \$ 0.0 7. Food and housekeeping supplies 7. \$ 1,018.0 8. Childcare and children's education costs 8. \$ 55.0 9. Clothing, laundry, and dry cleaning 9. 251.0 10. Personal care products and services 10. \$ 88.0 11. Medical and dental expenses 11. \$ 224.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 53.0 15. Insurance. 15a. \$ 0.0 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15b. \$ 0.0 15b. Health insurance 15c. \$ 350.0 |
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 6d. S |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 6d. \$ 0.0.0 7. Food and housekeeping supplies 7. \$ 1,018.0 8. Childcare and children's education costs 8. \$ 55.0 9. Clothing, laundry, and dry cleaning 9. \$ 251.0 10. Personal care products and services 10. \$ 88.0 11. \$ 88.0 11. \$ 224.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Other insurance. Specify: Pet Insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.0 |
| 6d. Other. Specify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. S 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S 17. \$ 10. \$ 10. \$ 10. \$ 10. \$ 11. \$ 12. \$ 12. \$ 12. \$ 12. \$ 13. \$ 14. \$ 15. \$ 15. \$ 16. \$ 17. \$ 17. \$ 18. \$ 19. \$ |
| 7. Food and housekeeping supplies 7. \$ 1,018.0 8. Childcare and children's education costs 8. \$ 55.0 9. Clothing, laundry, and dry cleaning 9. \$ 251.0 10. Personal care products and services 10. \$ 88.0 11. Medical and dental expenses 11. \$ 224.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 53.0 15. Insurance. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$ 0.0 15b. Health insurance 15b. \$ 0.0 15c. Vehicle insurance 15b. \$ 0.0 15c. Vehicle insurance. Specify: Pet Insurance 15d. \$ 350.0 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16b. \$ 0.0 |
| 8. Childcare and children's education costs 8. \$ 55.0 9. Clothing, laundry, and dry cleaning 9. \$ 251.0 10. Personal care products and services 10. \$ 88.0 11. Medical and dental expenses 11. \$ 224.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250.0 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 175.0 14. Charitable contributions and religious donations 14. \$ 53.0 15. Insurance. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$ 0.0 15b. Health insurance 15b. \$ 0.0 15c. Vehicle insurance 15c. \$ 350.0 15d. Other insurance. Specify: Pet Insurance 15d. \$ 61.8 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 59ecify: 16. \$ 0.0 |
| Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. If a. Life insurance If a. \$ O.C. Vehicle insurance. Specify: Pet Insurance Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Insurance. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Insurance. Insu |
| 0. Personal care products and services 10. \$ 88.0 11. \$ 224.0 11. \$ 224.0 11. \$ 224.0 11. \$ 224.0 11. \$ 224.0 11. \$ 224.0 11. \$ 224.0 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250.0 13. \$ 175.0 14. \$ 175.0 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Other insurance. Specify: Pet Insurance 15d. Specify: 16. \$ 0.0 15d. \$ 0.0 15d |
| 1. Medical and dental expenses 2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.0 |
| 2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.0 |
| Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Specify: 16. \$ 175.0 175.0 175.0 185.0 196.0 197.0 197.0 198.0 199.0 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Specify: 16. \$ 0.0 |
| 4. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Other insurance. Specify: Pet Insurance 15d. Specify: 16. \$ 15d. \$ 16. \$ 16. \$ 16. \$ 17d. \$ 17d |
| 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.0 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Pet Insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.0 15a. \$ 0.0 350.0 15b. \$ 15c. \$ 15d. |
| 15a. Life insurance 15a. \$ 0.0 15b. Health insurance 15b. \$ 0.0 15c. Vehicle insurance 15c. \$ 350.0 15d. Other insurance. Specify: Pet Insurance 15d. \$ 61.8 6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 5 16. \$ 0.0 |
| 15b. Health insurance 15b. \$ 15c. Vehicle insurance 15c. \$ 15d. Other insurance. Specify: Pet Insurance 15d. \$ 6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 15d. \$ |
| 15c. Vehicle insurance 15c. \$ 350.0 ther insurance. Specify: Pet Insurance 15d. \$ 61.8 there is a specify 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.0 there is a specify 15d. \$ 0.0 there is a specify 15d. \$ 1 |
| 15d. Other insurance. Specify: Pet Insurance 15d. \$ 61.8 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.0 |
| 6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: |
| Specify: 16. \$ 0.0 |
| · · · · · |
| 7. Installment or lease payments: |
| |
| 17a. Car payments for Vehicle 1 17a. \$ 0.0 |
| 17b. Car payments for Vehicle 2 |
| 17c. Other. Specify: 17c. \$ 0.6 |
| 17d. Other. Specify: 17d. \$ 0.0 |
| 8 Your payments of alimony, maintenance, and support that you did not report as |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). |
| 9. Other payments you make to support others who do not live with you. |
| Specify: 19. |
| O. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |
| 20a. Mortgages on other property 20a. \$ 0.0 |
| 20b. Real estate taxes 20b. \$ 0.0 |
| 20c. Property, homeowner's, or renter's insurance 20c. \$ |
| 20d. Maintenance, repair, and upkeep expenses 20d. \$ |
| 20e. Homeowner's association or condominium dues 20e. \$ 0.0 |
| • |
| 1. Other: Specify: 21. +\$ 0.0 |
| 2. Calculate your monthly expenses |
| 22a. Add lines 4 through 21. \$ 5,285.17 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |
| |
| 22c. Add line 22a and 22b. The result is your monthly expenses. \$ 5,285.17 |
| 3. Calculate your monthly net income. |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 5,977.1 |
| 23b. Copy your monthly expenses from line 22c above. 23b\$ 5,285.1 |
| 3,203. |
| 23c. Subtract your monthly expenses from your monthly income. |
| The result is your <i>monthly net income.</i> 23c. \$ 691.5 |
| |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease becaus |
| modification to the terms of your mortgage? |
| ■ No. |
| ☐ Yes. Explain here: |

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|------------------------|-----------|--------------------------------------|--|--|--|
| Debtor 1 | Edgar T. Aranez | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States E | Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | | | |
| Case number | 20-21357 | | | | | | |
| (if known) | | | | ■ Check if this is an amended filing | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you pay or agree to pay someone who is NO | T an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have reacthat they are true and correct. | d the summary and schedules filed with this declaration and |
| X /s/ Edgar T. Aranez | X |
| Edgar T. Aranez Signature of Debtor 1 | Signature of Debtor 2 |
| Date January 4, 2021 | Date |